

PINTO (V. J.)

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A CASE OF ADIPOCERE OF A FŒTUS.

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Mrs. L., aged thirty years, mother of two children with normal labors, had no menstruation for two months. She went to a dancing party and returned thence with pain in the hypogastric region, which later on increased, and vomiting, together with troubles of micturition and defecation, appeared. She was treated for congestion of the uterus for two months; under this treatment the hypogastric pain was greatly diminished, but there remained the rectal and the urethral tenesmus.

When I saw her she was very emaciated. On vaginal examination, I noted that the uterus was enlarged and retroverted, but I could not then make a thorough examination because the patient complained of unbearable pain. Later on from her history I learned that, although irregular in menstruation for the last six months, no evil consequences had followed; she could not account for the present cessation, neither did she suspect pregnancy; still I did. On vaginal examination, I found that the body of the uterus was movable and the pelvis pretty large. I did not pass the sound, but replaced the womb and maintained it somewhat in position by means of a Hodge pessary, which, unfortunately, was too weak to support, consequently it became displaced and increased the pressure on the adjoining parts, and it was therefore removed.

Some days afterward, when the irritation had passed off, I again reduced the uterus, which was more movable on genu-pectoral position, and introduced the sound, which went in for about five inches and a half; but I could not give it a turn, so I withdrew it and put in a Hodge pessary and prescribed small doses of liquid extract of ergot. Some hours afterward painful uterine contractions set in and the patient herself removed the pessary. On examination, I found the os uteri slightly dilated and in the cavity something tense to the feel; but I could not introduce the finger any farther because the patient complained of excruciating pain in the parts. I therefore introduced the sound; at the same moment the patient made a movement while



the sound was in, and some liquid somewhat opaque came out emitting an odor of stearine. On re-examination, I found something movable in the cavity of the uterus, but could not dilate the os because the patient objected to the use of chloroform. An ovum forceps was then introduced, opened and closed at random, and eventually a somewhat opaque and whitish fragment was extracted which to my surprise turned out to be one of the legs of the foetus, very slippery, and a powerful odor of stearine. I continued the extraction in the same manner and withdrew as much of the foetus as I could, but in pieces, with the exception of the membrane, which came off in larger fragments, all of which diffused a similar smell in the room. The extraction was attended with very little bleeding, probably due to the repeated use of the forceps through a narrow os.

When the head of the foetus was out I left the patient alone, as she was in agonizing pain, washed the parts with an antiseptic fluid, and recommended to the family to do the same every three hours. Within two days all that was left in the uterus came out in fragments with scarcely any blood, and nothing like a placenta was seen, which I suppose was equally degenerated and expelled.

In ten days more the uterus was of nearly normal size and in position and the patient quite well. In a few months more she became pregnant and the labor took place at the term of gestation. Three years afterward she had an easy labor.

It is a rare case, and shows the possibility of the foetus turning into adipocere in the retroverted uterus.

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